

INSTRUCTIONS

Kentucky Cabinet for Human Resources Radiation Control Regulations require the owner of radiation producing machines to register such items with the Kentucky Cabinet for Human Resources within ten (10) days following the acquisition of the registrable item(s).

Facility Name

The common name used daily. In most cases, this will be the same as item 2, e.g. John J. Jones, DMD or Centerville Hospital, Inc. The facility name may be Family Dental Clinic or Radiology Associates while Item 2 will be a corporate (PSC) or individual's name. The best guide is the name used when answering the telephone.

Owner

For the purposes of this regulation, the name of the owner must be the person, lessee, or bailee having legal title to, or legal possession of the registrable item. "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this Commonwealth, any other state or political subdivision thereof, and any legal successor, representative, agent, or agency of the foregoing, other than Federal Government agencies.

Address

The address shall mean the physical location where the registrable item(s) will be used and/or stored.

Radiation Safety Officer

The owner or person in custody of the registrable item shall perform or provide for the services of a Radiation Safety Officer and with his advice shall establish operating rules and procedures which will provide reasonable assurances that the provisions of the Kentucky Radiation Regulations are being carried out. No person shall assume or be designated a Radiation Safety Officer unless he is qualified by training and experience to assume the responsibilities of informing himself of all the hazards and precautions involved in the activity for which he is designated as Radiation Safety Officer.

Contact Person

Please designate an individual who can be contacted to schedule inspections and answer related questions. Also indicate telephone number.

FORWARD THE COMPLETED REGISTRATION APPLICATION TO:

**CABINET FOR HUMAN RESOURCES
RADIATION CONTROL BRANCH
275 EAST MAIN STREET
FRANKFORT, KY. 40621
TELEPHONE NO. (502) 564-3700**

REGISTRATION DOES NOT IMPLY APPROVAL OR DISAPPROVAL AND IS NOT A LICENSE

KENTUCKY CABINET FOR HEALTH SERVICES
Radiation Health & Toxic Agents Branch

**REGISTRATION APPLICATION
FOR RADIATION PRODUCING MACHINES**

For Department use only

Registration Number

County ___ Dis ___ Insp ___

- Facility Name: _____
- Name of owner and/or user: _____
- Address of Installation: _____
Street _____
County _____ City _____
Zip _____ Telephone () _____
- Mailing Address: _____
Street or P O Box _____
City, State, Zip _____
Telephone Number () _____
- Contact Person: _____ Telephone Number: () _____
Fax Number: () _____ E-mail: _____
- Radiation producing machines: Fill in applicable blanks (see codes listed below):

Select No. From list below		Maximum		Check appropriate box			Manufacturer, Model & Serial No.	Room No./ Location
TYPE	PURPOSE	KVP	MA	Fixed	Mobile	Portable		
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	
							Control Panel: Tube Housing:	

TYPE: 1. Radiographic 2. Fluoroscopic 3. Combination (1&2) 4. Dental 5. Therapy 6. Photofluorographic 7. Diffraction 8. Other: Specify

PURPOSE: A. Human use: Diagnostic B. Human use: Therapeutic C. Animal use D. Research E. Industrial F. No longer in use, in storage G. Other: Specify

Equipment Vendor: _____ Signature (owner): _____

Vendor Registration No.: _____ Application Date: _____

Vendor's Address: _____ Date of Initial Operation: _____

Vendor's Telephone Number: () _____